BEST AVAILABLE CODY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

		-	3 (100					4					
CLAIMS AS			(Column 1)		(Column 2)			SMALL E TYPE [NTITY	OR		THAN	
TOTAL CLAIMS			21				1	RATE	FEE	ר <u>``</u>	RATE	FEE	┨
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE			BASIC FEE		1
TOTAL CHARGEABLE CLAIMS			→ minus 20=		•			X\$ 9=		OR		18	1
IN	DEPENDENT C	CLAIMS	3 m	3 minus 3 = 1		· Ø		X42=	 	1	\	10	ł
MULTIPLE DEPENDENT CLAIM PRESENT								7.422	 	OR	A04=		ł
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+140=		OR	+280=		
										OR	TOTAL	7 58	Į
2-28-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.23	Minus	- 2	1	- 2		X\$ 9=		OR	X\$18=	1000 0	
A ME	Independent	. 4	Minus	*** 2	3	= /	lt	X42=			X84=	· · · · · ·	ł
	FIRST PRESI	▎┟	745-		OR	A64=	200.00						
+140= _.										OR	+280=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	300.00	bd
_		(Column 1)		(Colun		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	AAA		=	╽┠	X42=		UH			
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	ENDENT	CLAIM		╽┠	A42=		OR	X84=		
+140=										OR	+280=		
AD										OR ,	TOTAL		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		<u>.</u> [X\$18=	-155	
	independent		Minus	###		<u>.</u>	\vdash	X42=		DR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									(OR L	X84=		
if the entry in column 1 is less than the entry in column 2 write "0" in column 3									OR	+280=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
7	ne "Highest Num	ber Previously Paid	For* (Total or	Independen	it) is the h	ighest number	found	in the appro	priate box i	n çolur	mn 1,		
	OTO-028 (O 0.0												

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Jean C. Gan et al.

Serial No. 10/041,850

Filed January 7, 2002

NON-INVASIVE CAPACITIVELY
COUPLED ELECTRICAL STIMULATION
DEVICE FOR TREATMENT OF

Before the Examiner

| Date of Deposit: February 25, 2005 |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated above.

| William = Dantel, Reg. No. 31,087

AMENDMENT AFTER FIRST ACTION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SOFT TISSUE WOUNDS

Sir:

Please enter the following amendment in response to the November 19, 2004 Office Action. Please provide any extension of time which may be necessary and charge any fees which may be due for extra claims or otherwise, except for the issue fee, to Deposit Account No. 50-2176.

Page 1 of 7 of Amendment After First Action

03/04/2005 BDEHNY

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